

<h2 style="margin: 0;">TRANSMITTAL FORM</h2> <p style="margin: 0; font-size: small;">(to be used for all correspondence after initial filing)</p>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Application Number</td><td style="padding: 2px;">09/747,168-Conf. #1237</td></tr> <tr><td style="padding: 2px;">Filing Date</td><td style="padding: 2px;">December 21, 2000</td></tr> <tr><td style="padding: 2px;">First Named Inventor</td><td style="padding: 2px;">Armando Paul Stettner</td></tr> <tr><td style="padding: 2px;">Art Unit</td><td style="padding: 2px;">2154</td></tr> <tr><td style="padding: 2px;">Examiner Name</td><td style="padding: 2px;">J. Chang</td></tr> <tr><td style="padding: 2px;">Attorney Docket Number</td><td style="padding: 2px;">20643/0203987-USO Digeo 40.1</td></tr> </table>	Application Number	09/747,168-Conf. #1237	Filing Date	December 21, 2000	First Named Inventor	Armando Paul Stettner	Art Unit	2154	Examiner Name	J. Chang	Attorney Docket Number	20643/0203987-USO Digeo 40.1
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Total Number of Pages in This Submission	2													

ENCLOSURES (Check all that apply)			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>
<div style="border: 1px solid black; width: 100%; height: 15px; margin-top: 5px;"></div>			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	DARBY & DARBY P.C.		
Signature			
Printed name	Bruce E. Black, Ph.D.		
Date	May 15, 2006	Reg. No.	41,622

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